Fill in this information to identify your case:

Debtor 1   Arsil Jonathan Lozano
           First Name   Middle Name   Last Name

Debtor 2   _____
(Spouse, if filing) First Name   Middle Name   Last Name

United States Bankruptcy Court for the: Northern District of California

Case number   23-30001
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims   12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:	List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☑ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount

2.1

Internal Revenue Service
Priority Creditor's Name

P.O. Box 7346
Number   Street

_____

Philadelphia   PA   7346
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☑ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$ Notice Only $_____ $_____

2.2

Calif. Dept. of Tax & Fee Admin.
Priority Creditor's Name

P.O. Box 942879
Number   Street

Account Information Group, MIC 29

Sacramento   CA   94279-002
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☑ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$ Notice Only $_____ $_____

Part 1:   Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount

2.3

Employment Development Dept.
Priority Creditor's Name

PO Box 826880
Number   Street

Bankruptcy Unit-MIC 92E

Sacramento   CA   94280-00(
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☑ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$ Notice Onl $_____ $_____

Priority Creditor's Name

Number   Street

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

Priority Creditor's Name

Number   Street

City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

Part 2:	**List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Synchrony Bank
Nonpriority Creditor's Name

PO Box 960061
Number   Street

Orlando   CA   32896-0061
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   Unknown

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Misc. credit transactions

$ 5,595

4.2 Discover Card
Nonpriority Creditor's Name

PO Box30943
Number   Street

Salt Lake City   UT   84130-0943
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Misc. credit transactions

$ 3,000

4.3 Redwood Credit Union
Nonpriority Creditor's Name

3033 Cleveland Avenue, Suite 100
Number   Street

Santa Rosa   CA   95403
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Misc. credit transactions

$ 2,608

Part 2:	**Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	**Total claim**

4.4

Redwood Credit Union
Nonpriority Creditor's Name

3033 Cleveland Avenue, Suite 100
Number   Street

Santa Rosa   CA   95403
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 4,995

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Misc. credit transactions

4.5

Costco Citi Card
Nonpriority Creditor's Name

PO Box 6500
Number   Street

Sioux Falls   SD   57117
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 8,169

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Misc. credit transactions

4.6

Lowes
Nonpriority Creditor's Name

1000 Lowes Blvd.
Number   Street

Mooresville   NC   28117
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 260

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Misc. credit transactions

SCHEDULE EF ATTACHMENT PART 2 NON PRIORITY UNSECURED CREDITORS

4.6	American Express Customer Service PO Box 981535 El Paso, TX 79998	Last 4 Digits Acct. No. Date Debt Incurred	$3,572
4.7	Gusto 525 20th Street San Francisco, CA 94107	Last 4 Digits	$ 889
4.8	Tim Perry 840 Woodward Street Fort Bragg, CA 95437		$3,500
4.9	Credit One 6801 S. Cimarron Rd. Las Vegas, NV 89113		500
4.10	Sergio Rodriguez Gilberto Rodriguez Gabriel Alvarez c/o David Lavine Jon Webster Law Group APC Bonifacio Street, Suite 102		1,000,000
4.11	Scanian Stone Reporter 408 Columbus Avenue, Suite 2 San Francisco, CA 94133		2,915

Bay Pro Property Solutions Non Priority Unsecured Claims

4.12	Nedeau Law PC 154 Baker Street San Francisco, CA 94117	$112,409
4.13	Tom Davenport 2540 Camino Diablo, Suite 200 Walnut Creek, CA 94597	$ 21,802
4.14	HCS007 777 Minnewawa Avenue, Suite 2 Clovis, CA 93612	$ 36,000

4.15	Sunset Landscapes 2614 N. Armstrong Avenue Fresno, CA 93727	$ 82,000
4.16	Redwood Credit Union 3033 Cleveland Avenue, Suite 100 Santa Rosa, CA 95403	

BayPro Construction, Inc. Non Priority Unsecured Claims

4.17	National Funding, Inc. 9530 Towne Centre Drive, Suite 120 San Diego, CA 92121	$ 3,000
4.18	Cloudfund LLC 55 Broadway, 3rd Floor New York, NY 10006 Cloudfund LL c/o Max Recovery Group LLC 55 Broadway, 3d Floor New York, NY 10006	$12,605
4.19	Union Funding c/o Lieberman & Klestzick, LLP 71 S. Central Avenue Valley Stream, NY 11580	$27,293
4.20	Batton Scaffold c/o Ken Janisch SR. Account Executive Davis & Jones LLC Arlington, TX 76006	$ 2,113
4.21	WaterSavers Irrigation, Inc. c/o Nora Curelaru 4306 Redwood Hwy. Suite 200 San Rafael, CA 94903	$ 727
4.22	Ray Carlson & Associates 411 Russell Avenue Santa Rosa, CA 95403	$7,545

4.23	Honey Bucket	$ 450
	4119 Sebastopol Road	
	Santa Rosa, CA 95407	

4.24	Bay Cities Refuse	$ 500
	2525 Garden Tract Rd	
	Richmond, CA 94801	

4.25	Testing Engineers	$ 800
	2811 Teagarden Street	
	San Leandro, CA 94577	

Part 4:	Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
   Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 0
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	+ $ 0
	6e. **Total.** Add lines 6a through 6d.	6e.	$ 0

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ $ 1,343,247
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 1,343,247

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